

Indiana Department of Commerce  
**COMMUNITY DEVELOPMENT**  
**ACTION GRANT**

**Quarterly Report**

CDAG Project Name: \_\_\_\_\_

CDAG Program Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name (printed) (Signature) (Date)

**SECTION I: DRAWDOWN REQUEST AS EXPENDED FOR THE QUARTER:**

a.	Salaries	\$ _____
b.	Office & other facilities	\$ _____
c.	Strategic Plan Development	\$ _____
d.	Professional Services	\$ _____
<b><i>TOTAL AMOUNT</i></b>		<b>\$ _____</b>

**SECTION II: PROJECT PROGRESS REPORT:**

Please refer to your original proposal and in a briefly written narrative form, answer the following relative to the proposal submitted and funded:

**a. Describe your organization's activities to date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Describe activities you have planned for the next quarter:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c. What was not achieved this quarter and why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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d. How have the activities of this quarter responded to the proposed outcomes of the CDAG project?

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***Quarterly Expenditures***

Grant related expenses	CDAG	local share	other funds	Source
Salaries and Wages	_____	_____	_____	_____
Benefits & payroll taxes	_____	_____	_____	_____
Occupancy	_____	_____	_____	_____
Accounting/legal	_____	_____	_____	_____
*other professional services	_____	_____	_____	_____
Supplies, phone, postage	_____	_____	_____	_____
Equipment purchase and rental	_____	_____	_____	_____
Printing and publications	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Training	_____	_____	_____	_____
Program expenses	_____	_____	_____	_____
other (specify)	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____

● **Please provide the following attachments:**

- 1) State of Indiana claim voucher (2 original, 1 copy)
- 2) A return, self-addressed envelope (no postage necessary)

